

Registration District No. 13

Primary Registration District No. 3014

Registrar's No. 232

1. PLACE OF DEATH

(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 (Specify whether
In this community 1 years, months or days)

3. (a) PRINT FULL NAME

Vigil Victor Morrow

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive 16 years
7. Birth date of deceased Nov-16-1914 (Month) (Day) (Year)

8. AGE: Years 26 Months 8 Days 24 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Vigil E. Morrow
13. Birthplace Jackson Co., Mo. (City, town, or county) (State or foreign country)
14. Maiden name Martha E. Bryant
15. Birthplace Levas, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Vigil E. Morrow
(b) Address Independence, Mo.
17. (a) Buried (b) Date thereof 8/13/41 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Mo.
19. (a) 8/11/41 (b) Superior, Mo. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence (If outside city or town limits, write "RURAL")
(d) Street No. 1410 Maywood (If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1941 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from no attendance 19 41
that I last saw him alive on 1941 and that death occurred on the date and hour stated above.

Immediate cause of death

Intestinal Tumor
Due to auto accident

Due to 1700

Other conditions (Include pregnancy within 3 months of death) 20

Major findings: Of operations

Of autopsy not made

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 8-10-41
(c) Where did injury occur? Jefferson City, Mo. (City or town) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work no (Specify type of place) (e) Means of injury auto

23. Signature Edw. Morrow (M. D. or other) 3
Address Jefferson City, Mo. Date signed 8/11/41

George Morrison
Dumas Home
Jefferson City Mo.
Phone # 166
Case when you
get to Jeff City

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

David P. Dulle

Licensed Embalmer No.

3890

P. O. Address.....

Jefferson City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.